

N20000008324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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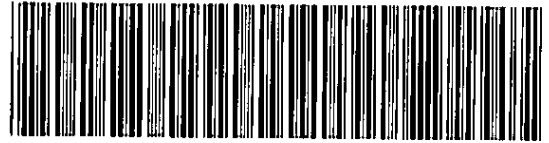
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** THE OPPORTUNITY PROGRAM INC

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** MARIE L VINCENT

Name (Printed or typed)

1280 LANTANA RD SUITE 5

Address

LANTANA, FL 33462

City, State & Zip

561-860-1463

Daytime Telephone number

THEOPPORTUNITYPROGRAM@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

**NOTE: Please provide the original and one copy of the articles.**

To Whom It May Concern

I won't revoke the dissolution and give up the right of the document number P18000090470.

Sincerely,

*Marie L Vincent*

Marie L Vincent



MYRIAME MICHEL JOSEPH  
Commission # GG 345785  
Expires June 17, 2023  
Bonded thru Budget Notary Services

*[Handwritten signature of Myriame Michel Joseph]*

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TALLAHASSEE, FL

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: THE OPPORTUNITY PROGRAM INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1280 LANTANA RD SUITE 5

LANTANA FL 33462

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TARGET CASE MANAGEMENT TO SERVICE THE MENTALLY  
CHALLENGE, HANDICAP AND PERSON WITH DISABILITY IN NEED. PROVIDE A PLACE OF COMFORT AND  
EMPLOYMENT DURNING WORKING HOURS, SCHOOL TIME AND SUMMER BREAKS.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PRESIDENT

Name and Title: \_\_\_\_\_

Address MICHELLE PEASON

Address: \_\_\_\_\_

P.O.BOX 21622

WEST PALM BEACH FL 33416

Name and Title: VICE PRESIDENT

Name and Title: \_\_\_\_\_

Address LYNDA MANASSE LEBRUN

Address: \_\_\_\_\_

8285 BERMUDA SOUND WAY

BOYNTON BEACH FL 33436

Name and Title: VICE PRESIDENT

Name and Title: \_\_\_\_\_

Address WALTER HOWARD

Address: \_\_\_\_\_

55010 SW 19TH STREET

WEST PARK FL 33023

2020 JUL 15 PM 3:25  
STATE  
SECRETARY  
FLORIDA

601-650-6500

Name and Title: SECRETARY Name and Title: \_\_\_\_\_  
Address: MARIE L VINCENT Address: \_\_\_\_\_  
5727 LINCOLN CIR EAST \_\_\_\_\_  
LAKE WORTH FL 33463 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: MARIE L VINCENT  
Address: 5727 LINCOLN CIR EAST  
LAKE WORTH FL 33463

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: MARIE L VINCENT  
Address: 5727 LINCOLN CIR EAST  
LAKE WORTH FL 33463

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STATE

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/10/2020. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

*Marie L Vincent*  
Required Signature of Registered Agent

07/10/2020  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

*Marie L Vincent*  
Required Signature of Incorporator

07/10/2020  
Date